

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3852

0104

BIRTH NO. 12510-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENDA</u> b. (Middle) <u>MAE</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>3-18-1949</u>
9. AGE (In years last birthday) <u>11</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	11. IF UNDER 1 HRS. Hours <u>8</u> Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Blara Baker</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Brown</u> ADDRESS <u>Columbia Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombocytopenic Purpura</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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19a. DATE OF OPERATION <u>Feb 26, 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Splenectomy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1950, to Feb 26, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 6 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Helen E. Yeager</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>909 University - Columbia, Mo.</u>	23c. DATE SIGNED <u>Feb 27, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>3-1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Log Providence</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 28 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Carter</u> ADDRESS <u>Columbia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 6 1958
District Health Officer No. 9
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stewart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.